

**PLEASE REVIEW THE FOLLOWING
IMPORTANT INFORMATION
BEFORE FILLING OUT A WAIVER TO REQUEST REVIEW FORM!**

- Please call the Board Agent to whom the petition is assigned for assistance in filing a waiver of the right to request review of or file exceptions to the Regional Director's and/or Hearing Officer's representation decision and/or report. The Board Agent will be happy to answer your questions about the waiver to request review form or to draft the waiver on your behalf. Seeking assistance from the Board Agent to whom the petition is assigned may help you to avoid having the processing of your waiver delayed because of mistakes made in completing the form.
- Please state the complete case name and assigned case number of the petition for which the decision and/or report was issued and for which the waiver of the right to request review is being submitted.
- Be sure to identify the decision and/or report for which the waiver of the right to request review is being submitted, as well as, to state the date of the document or check the appropriate box if the document has not issued when the waiver of request form is completed.
- After completing the waiver of the right to request review form, be sure to sign and date the waiver and mail, fax or hand deliver the completed form to the appropriate Regional Office.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD**WAIVER**IN THE MATTER OF _____
(Name of Case) (Number of Case)PURSUANT TO SECTION 102.67 AND 102.69 OF THE RULES AND REGULATIONS OF THE NATIONAL LABOR RELATIONS BOARD,
THE UNDERSIGNED PARTY WAIVES ITS RIGHT TO REQUEST REVIEW OF OR FILE EXCEPTIONS TO THE REGIONAL DIRECTOR'S
AND/OR HEARING OFFICER'S_____
(Name of document or applicable documents) IN THE ABOVE-CAPTIONED MATTER. _____ OR ☐ CHECK IF DOCUMENT NOT YET ISSUED.
(Date of document)_____
(Name of Party)BY _____
(Name of Representative)_____
(Title)

DATE _____